

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Pharmaceutical Research &amp; Manufacturers of America Better Government Committee

ADDRESS (number and street)

950 F Street, NW

Suite 300

Washington

DC

20004

Check if different  
than previously  
reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00021972

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☒ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Holmes, Anne, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Holmes, Anne, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Pharmaceutical Research &amp; Manufacturers of America Better Government Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">78445.44</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">56006.69</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">29290.61</span>	<span style="border: 1px solid black; padding: 2px;">108128.33</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">85297.30</span>	<span style="border: 1px solid black; padding: 2px;">186573.77</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">20637.46</span>	<span style="border: 1px solid black; padding: 2px;">121913.93</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">64659.84</span>	<span style="border: 1px solid black; padding: 2px;">64659.84</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Pharmaceutical Research &amp; Manufacturers of America Better Government Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	28086.65	81556.53
(ii) Unitemized .....	1203.96	6571.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	29290.61	88128.33
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	20000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	29290.61	108128.33
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	29290.61	108128.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	29290.61	108128.33

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20500.00	121500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	137.46	413.93
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	20637.46	121913.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20637.46	121913.93

# **DETAILED SUMMARY PAGE** of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	29290.61	108128.33
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29290.61	108128.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research &amp; Manufacturers of America Better Government Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ryan, Tara, , ,

Mailing Address 950 F Street, NW  
Suite 300City  
WashingtonState  
DCZip Code  
20004-1404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMAOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

779.94

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR1338084349942

Amount of Each Receipt this Period

259.98

☐ Memo Item

P/R Deduction (\$43.33 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sulkala, Matthew, , ,

Mailing Address 950 F Street, NW  
Suite 300City  
WashingtonState  
DCZip Code  
20004-1404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMAOccupation (for Individual)  
Deputy VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3748.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR1387142449942

Amount of Each Receipt this Period

1249.50

☐ Memo Item

P/R Deduction (\$208.25 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hardaway, Thomas, , ,

Mailing Address 950 F Street, NW  
Suite 300City  
WashingtonState  
DCZip Code  
20004-1404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMAOccupation (for Individual)  
Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR1407527649942

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

1659.48

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pharmaceutical Research & Manufacturers of America Better Government Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Woodhouse, Jeff, , ,

Mailing Address 950 F Street, NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR1521550949942

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$50.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dickerson, Sandra, J., ,

Mailing Address 950 F Street, NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR1727896249942

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bond, Jeffrey, A., ,

Mailing Address 950 F Street, NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Sr Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR1759644949942

Amount of Each Receipt this Period

450.00

☐ Memo Item

P/R Deduction (\$75.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pharmaceutical Research & Manufacturers of America Better Government Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Holmes, Anne, , ,

Mailing Address 950 F Street, NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PHRMA

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR180533649942

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$50.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. O'Connor, John, , ,

Mailing Address 950 F Street, NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PHRMA

Occupation (for Individual)  
Deputy VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR180535049942

Amount of Each Receipt this Period

149.94

☐ Memo Item

P/R Deduction (\$24.99 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cline, Jennifer, Wolff, ,

Mailing Address 950 F Street, NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR1856317249942

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

749.94



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pharmaceutical Research & Manufacturers of America Better Government Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Martin, Josephine, , ,**

Mailing Address 950 F Street, NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Exec Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4050.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR1872660849942**

Amount of Each Receipt this Period

1350.00

☐ Memo Item

P/R Deduction (\$225.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moon, Cara, , ,**

Mailing Address 950 F Street, NW  
Suite 300

City  
Washington

State  
DC

Zip Code  
20004-1440

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR1923874749942**

Amount of Each Receipt this Period

450.00

☐ Memo Item

P/R Deduction (\$75.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**c. LaGanga, Scott, , ,**

Mailing Address 950 F Street, NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR1942076649942**

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$50.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pharmaceutical Research & Manufacturers of America Better Government Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Taylor, Jay, , ,

Mailing Address 950 F Street, NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR1952911349942

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$50.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lynch, Lucia, Cretella, ,

Mailing Address 950 F Street, NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Deputy VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR1965270649942

Amount of Each Receipt this Period

90.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kronisch, Jill, , ,

Mailing Address 950 F Street, NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Deputy VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR1965270749942

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

690.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pharmaceutical Research & Manufacturers of America Better Government Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Clymer, Christian, , ,**

Mailing Address 950 F Street, NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Deputy VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR1965270849942**

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$50.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Levis, Phil, , ,**

Mailing Address 950 F Street, NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR1975068949942**

Amount of Each Receipt this Period

120.00

☐ Memo Item

P/R Deduction (\$20.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lane, Elizabeth, A., ,**

Mailing Address 950 F Street, NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Deputy VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR1978739449942**

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$50.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

720.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pharmaceutical Research & Manufacturers of America Better Government Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wood, Leslie, , ,

Mailing Address 950 F Street, NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR1978739549942

Amount of Each Receipt this Period

330.00

☐ Memo Item

P/R Deduction (\$30.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Maloney, Colleen, , ,

Mailing Address 950 F Street, NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR1980251549942

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$50.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sidhu, Kimberly, , ,

Mailing Address 950 F Street, NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Deputy VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR1981809549942

Amount of Each Receipt this Period

90.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

720.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pharmaceutical Research & Manufacturers of America Better Government Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **Pemberton, Lori Ann, , ,**

Mailing Address 950 F Street, NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR1983560049942

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **Graham, Shannon, , ,**

Mailing Address 950 F Street, NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1872.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR1985816149942

Amount of Each Receipt this Period

624.00

☐ Memo Item

P/R Deduction (\$104.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **Kuzmuk, Christopher, , ,**

Mailing Address 950 F Street, NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Assistant VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR1991519449942

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

924.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Pharmaceutical Research & Manufacturers of America Better Government Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ulrich, Jocelyn, , ,

Mailing Address 950 F Street

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Assistant VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2023737749942

Amount of Each Receipt this Period

70.00

☐ Memo Item

P/R Deduction (\$35.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shipley, Nick, , ,

Mailing Address 950 F Street, NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Deputy VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1872.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2028383849942

Amount of Each Receipt this Period

624.00

☐ Memo Item

P/R Deduction (\$104.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Napper, Tracy, , ,

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Sr Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2033625049942

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

844.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pharmaceutical Research & Manufacturers of America Better Government Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fotos, Peter, , ,**

Mailing Address 950 F Street, NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2039979149942

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$50.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tunnell, John, P., ,**

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Deputy VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2047670149942

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$50.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Distlerath, Linda, , ,**

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Deputy VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1872.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2106688649942

Amount of Each Receipt this Period

624.00

☐ Memo Item

P/R Deduction (\$104.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

1224.00

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pharmaceutical Research & Manufacturers of America Better Government Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bryant, Jennifer, , ,**

Mailing Address 950 F Street, NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Sr Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1872.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : PR2108810249942**

Amount of Each Receipt this Period

624.00

☐ Memo Item

P/R Deduction (\$104.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Drozd, Michelle, , ,**

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Deputy VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : PR2108810549942**

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$50.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chin, William, W., ,**

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Exec Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3748.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : PR2139726949942**

Amount of Each Receipt this Period

1249.50

☐ Memo Item

P/R Deduction (\$208.25 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2173.50



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pharmaceutical Research & Manufacturers of America Better Government Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Garofalo, Ryan, , ,

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2161207949942

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Clapton, Charles, M, ,

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Sr Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3748.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2168909849942

Amount of Each Receipt this Period

1249.50

☐ Memo Item

P/R Deduction (\$208.25 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Zirkelbach, Robert, , ,

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Sr Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3748.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2199024649942

Amount of Each Receipt this Period

1249.50

☐ Memo Item

P/R Deduction (\$208.25 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

2649.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research &amp; Manufacturers of America Better Government Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Metheny, Mollymae, , ,**

Mailing Address 950 F Street NW

City  
WashingtonState  
DCZip Code  
20004-1438FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMAOccupation (for Individual)  
Exec Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2203171249942

Amount of Each Receipt this Period

120.00

☐ Memo Item

P/R Deduction (\$20.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Griffin, Emily, , ,**

Mailing Address 950 F Street NW

City  
WashingtonState  
DCZip Code  
20004-1438FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMAOccupation (for Individual)  
Sr Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2203171349942

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Campbell, Holly, , ,**

Mailing Address 950 F Street NW

City  
WashingtonState  
DCZip Code  
20004-1438FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMAOccupation (for Individual)  
Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2250049749942

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

570.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Pharmaceutical Research & Manufacturers of America Better Government Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Funk, Allyson, , ,

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2264012949942

Amount of Each Receipt this Period

210.00

☐ Memo Item

P/R Deduction (\$35.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Haninger, Kevin, , ,

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Associate VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2265226149942

Amount of Each Receipt this Period

124.98

☐ Memo Item

P/R Deduction (\$20.83 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moss, Marissa, Watkins, ,

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2265226249942

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

484.98

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pharmaceutical Research & Manufacturers of America Better Government Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tripp, Jon, , ,

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2265226349942

Amount of Each Receipt this Period

450.00

☐ Memo Item

P/R Deduction (\$75.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Smith, Pamela, Jean, ,

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3123.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2270203749942

Amount of Each Receipt this Period

624.75

☐ Memo Item

P/R Deduction (\$208.25 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Frye, Del, , ,

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2291106649942

Amount of Each Receipt this Period

120.00

☐ Memo Item

P/R Deduction (\$20.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1194.75

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pharmaceutical Research & Manufacturers of America Better Government Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Moore, Chris, , ,

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Deputy VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1872.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2321690149942

Amount of Each Receipt this Period

624.00

☐ Memo Item

P/R Deduction (\$104.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Aines, Paul, , ,

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
EVP, CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3748.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2325649549942

Amount of Each Receipt this Period

1249.50

☐ Memo Item

P/R Deduction (\$208.25 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Joldersma, Lisa, , ,

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1872.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2327760349942

Amount of Each Receipt this Period

624.00

☐ Memo Item

P/R Deduction (\$104.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

2497.50

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pharmaceutical Research & Manufacturers of America Better Government Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Powaleny, Andrew, , ,**

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR2338930249942**

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Vanderveer, Priscilla, , ,**

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Deputy VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR2348558649942**

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$50.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mooney, Hannah, Beth, ,**

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Sr Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR2352601849942**

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research &amp; Manufacturers of America Better Government Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ybarra, Michael, , ,

Mailing Address 950 F Street NW

City  
WashingtonState  
DCZip Code  
20004-1438FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMAOccupation (for Individual)  
Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2352601949942

Amount of Each Receipt this Period

90.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ubl, Steve, , ,

Mailing Address 950 F Street NW

City  
WashingtonState  
DCZip Code  
20004-1438FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMAOccupation (for Individual)  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3748.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2352602049942

Amount of Each Receipt this Period

1249.50

☐ Memo Item

P/R Deduction (\$208.25 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Perloff, Laura, , ,

Mailing Address 950 F Street NW

City  
WashingtonState  
DCZip Code  
20004-1438FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMAOccupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2359703349942

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

1639.50

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pharmaceutical Research & Manufacturers of America Better Government Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Currie, Rodger, , ,**

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Exec VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3332.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR2363063649942**

Amount of Each Receipt this Period

1249.50

☐ Memo Item

P/R Deduction (\$208.25 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wood, Nicole, Palya, ,**

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR2369256749942**

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$50.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Snider, Kipp, , ,**

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PHRMA

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

975.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR2369968849942**

Amount of Each Receipt this Period

450.00

☐ Memo Item

P/R Deduction (\$75.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1849.50



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pharmaceutical Research & Manufacturers of America Better Government Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bourque, Kevin, , ,

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2415535949942

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sturm, Matthew, , ,

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Chief of Staff, Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2415719549942

Amount of Each Receipt this Period

624.00

☐ Memo Item

P/R Deduction (\$104.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Korn, David, , ,

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

936.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2416095149942

Amount of Each Receipt this Period

624.00

☐ Memo Item

P/R Deduction (\$104.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

1398.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pharmaceutical Research & Manufacturers of America Better Government Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lindsay, Paul, , ,

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Deputy VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2471706349942

Amount of Each Receipt this Period

416.00

☐ Memo Item

P/R Deduction (\$104.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Levinson, Lauren, , ,

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2471900149942

Amount of Each Receipt this Period

833.00

☐ Memo Item

P/R Deduction (\$208.25 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Reilly, Lori, , ,

Mailing Address 950 F Street, NW

City  
Washington

State  
DC

Zip Code  
20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Exec Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3748.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR917374949942

Amount of Each Receipt this Period

1249.50

☐ Memo Item

P/R Deduction (\$208.25 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

2498.50

TOTAL This Period (last page this line number only).....▶

28086.65

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pharmaceutical Research & Manufacturers of America Better Government Committee**

Full Name (Last, First, Middle Initial)

**A. Robin Kelly For Congress**

Mailing Address PO Box 6953

City  
ChicagoState  
ILZip Code  
60680

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Kelly, Robin, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	7			2	0	1	6		

FEC Identification Number

**C** C00539866**Transaction ID : 73466341**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Terri Sewell For Congress**Mailing Address 499 South Capitol Street SW  
Suite 422City  
WashingtonState  
DCZip Code  
20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sewell, Terri, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: AL

District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	7			2	0	1	6		

FEC Identification Number

**C** C00458976**Transaction ID : 73466343**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. People For Derek Kilmer**

Mailing Address PO Box 1381

City  
TacomaState  
WAZip Code  
98402

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Kilmer, Derek, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	7			2	0	1	6		

FEC Identification Number

**C** C00514893**Transaction ID : 73466344**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3000.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Pharmaceutical Research & Manufacturers of America Better Government Committee**

Full Name (Last, First, Middle Initial)

**A. Kyrsten Sinema For Congress**

Mailing Address PO Box 25879

City  
TempeState  
AZZip Code  
85285

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sinema, Kyrsten, , Rep.,**

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: AZ

District: 09

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	7			2	0	1	6		

FEC Identification Number

**C** C00508804**Transaction ID : 73466345**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Delbene For Congress**

Mailing Address PO Box 487

City  
BothellState  
WAZip Code  
98041

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**DelBene, Suzan, , Rep.,**

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: WA

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	7			2	0	1	6		

FEC Identification Number

**C** C00459099**Transaction ID : 73466346**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Montanans For Tester**

Mailing Address PO Box 1135

City  
HelenaState  
MTZip Code  
59624

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Tester, Jon, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2018

☒ Primary☐ General☐ Other (specify) ▼

State: MT

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	7			2	0	1	6		

FEC Identification Number

**C** C00412304**Transaction ID : 73466347**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3000.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pharmaceutical Research & Manufacturers of America Better Government Committee**

Full Name (Last, First, Middle Initial)

**A. Heidi For Senate**

Mailing Address PO Box 1577

City  
BismarckState  
NDZip Code  
58502Purpose of Disbursement  
Lost check

011

Category/  
Type

Candidate Name

**Heitkamp, Heidi, , Sen.,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2018

☒ Primary☐ General☐ Other (specify) ▼

State: ND

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2016

FEC Identification Number

**C** C00505552**Transaction ID : 73466348**

Amount of Each Disbursement this Period

1000.00

Lost check

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Martin Heinrich For Senate**

Mailing Address P.O. Box 25763

City  
AlbuquerqueState  
NMZip Code  
87125

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Heinrich, Martin, , Sen.,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2018

☒ Primary☐ General☐ Other (specify)

State: NM

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2016

FEC Identification Number

**C** C00434563**Transaction ID : 73466349**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Brady Victory Fund**

Mailing Address 104 Hume Avenue

City  
AlexandriaState  
VAZip Code  
22301Purpose of Disbursement  
Joint Fundraising Committee contribution

011

Category/  
Type

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2016

FEC Identification Number

**C****Transaction ID : 73466350**

Amount of Each Disbursement this Period

2500.00

Joint Fundraising Committee  
contribution☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4500.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pharmaceutical Research & Manufacturers of America Better Government Committee**

Full Name (Last, First, Middle Initial)

**A. New Hampshire Republican Cmte.-Federal Acct.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		07		2016

Mailing Address 10 Water Street

City  
ConcordState  
NHZip Code  
03301Purpose of Disbursement  
Federal Contribution

011

Category/  
Type

Candidate Name

**New Hampshire Republican Cmte.-Federal Acct.**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00136457

**Transaction ID : 73466351**

Amount of Each Disbursement this Period

5000.00

Federal Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Richard Burr Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		14		2016

Mailing Address P.O. Box 5928

City  
Winston-SalemState  
NCZip Code  
27113

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Burr, Richard, , Rep.,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC

District:

FEC Identification Number

C C00256115

**Transaction ID : 73501854**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. People For Patty Murray**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		14		2016

Mailing Address PO Box 3662

City  
SeattleState  
WAZip Code  
98124

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Murray, Patty, , Sen.,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA

District:

FEC Identification Number

C C00257642

**Transaction ID : 73501857**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pharmaceutical Research & Manufacturers of America Better Government Committee**

Full Name (Last, First, Middle Initial)

**A. Michael Burgess For Congress**

Mailing Address PO Box 2334

City  
DentonState  
TXZip Code  
76202

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Burgess, Michael, C., Rep., M.D.**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX

District: 26

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
09	/	14	/	2016

FEC Identification Number

C C00372532

**Transaction ID : 73501859**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
	/		/	

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
	/		/	

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1000.00

**TOTAL** This Period (last page this line number only).....▶

20500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pharmaceutical Research & Manufacturers of America Better Government Committee**

Full Name (Last, First, Middle Initial)

**A. Citibank**

Mailing Address P.O. Box 19748

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Bank fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2016

FEC Identification Number

C

**Transaction ID : 74010458**

Amount of Each Disbursement this Period

46.62

Bank fees

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Citibank**

Mailing Address P.O. Box 19748

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Bank fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2016

FEC Identification Number

C

**Transaction ID : 74010460**

Amount of Each Disbursement this Period

46.96

Bank fees

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Citibank**

Mailing Address P.O. Box 19748

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Bank fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

FEC Identification Number

C

**Transaction ID : 74042782**

Amount of Each Disbursement this Period

43.88

Bank fees

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

137.46

137.46